

Payroll Deduction and Cancellation Authorizations

General:

An additional benefit to the line departments and agencies are the voluntary deduction of certain allotments that may include one, or more, of the following:

- Life Insurance
- Health Insurance (additional)
- Auto Loans
- Bank Loans
- Other employee obligation

The deduction are paid to the authorized payroll vendors AFTER each payroll pay date regardless of which line agency the employee(s) are employed.

To be a payroll vendor, the vendor **MUST HAVE NO LESS THAN TEN (10)** employees to be payroll-deducted. Potential vendors must complete the Vendor Establishment process at the Division of Accounts – Accounts Payable Branch.

NOTE: It is the responsibility of each employee to monitor elected payroll deductions.

Payroll Deduction Authorization

FORM ACC-PYA001

Line-By-Line Instructions:

Line 1 – Type of Submission

- **First Submission** – Check if this is the FIRST submission
- **Supersede #** – Check and indicate the number of submission to supersede a prior form

Line 2 – EMPLOYEE NAME

Indicate the name of the employee requesting for payroll deduction.

Line 3 – DATE

Indicate the date of the request.

Line 4 – DEPARTMENT / AGENCY

Indicate the employee's department or agency.

Line 5 – SOCIAL SECURITY NUMBER

Indicate the employee's valid social security number.

Line 6 - Employee's Contact Numbers box

WORK AND EXTENSION NUMBER

Enter the employee's work contact numbers.

PAGER NUMBER

Enter the employee's pager contact numbers.

CELLULAR NUMBER

Enter the employee's cellular contact numbers.

HOME NUMBER

Enter the employee's home contact numbers.

Line 7 – DEPARTMENT NUMBER

Indicate the employee's department and division number.

Line 8 – ACCOUNT NUMBER

Indicate the account number deduction is to be remitted to.

Line 9 – TYPE OF DEDUCTION

Check only one of the applicable boxes; if "Other" is selected, indicate the type.

Line 10 – PAYABLE TO

Indicate who (approved vendor) the deduction is to be paid.

Line 11 – DEDUCTION AMOUNT

Indicate the TOTAL amount to be deducted; this should be equal to the overall payments when the deduction is final.

Line 12 – "Effective Pay-Period Ending" box

Enter the start date of the payroll deduction.

Line 13 – SIGNATURE OF AGENCY REPRESENTATIVE

The Payroll Vendor's authorized representative must sign and date this field.

Line 14 – EMPLOYEE'S SIGNATURE

The employee must sign and date this field.

Cancellation of Payroll Deduction

FORM ACC-PYB001

Line-By-Line Instructions:

Line 1 – EMPLOYEE'S NAME

Indicate the name of the employee.

Line 2 – DATE

Indicate the date of the request.

Line 3 – MAILING ADDRESS

Indicate the employee's mailing address.

Line 4 – SOCIAL SECURITY NO.

Indicate the employee's social security number.

Line 5 – DEPARTMENT / AGENCY

Indicate the employee's department or agency.

Line 6 – DEPARTMENT NO.

Indicate the employee's department and division number.

Line 7 – ACCOUNT NO

Indicate the account number that deduction was remitted to.

Line 8 – AMOUNT

Enter the payroll deduction amount.

Line 9 – PAY PERIOD ENDING

Enter the effective date of payroll deduction cancellation.

Line 10 – PAYABLE TO AGENCY

Indicate Payroll Vendor the deduction was being paid to.

Line 11 – VENDOR NUMBER

Indicate the Payroll Vendor No.

Line 12 – EMPLOYEE'S SIGNATURE

The employee must sign and date this field.

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Leave Application Form

FORM ACC-PYC001

Line-By-Line Instructions:

Box 1 – Employee's Personal Information

EMPLOYEE'S FULL NAME
SOCIAL SECURITY NO.
DATE OF REQUEST

Indicate the date of Application.

TYPE OF LEAVE REQUESTED

Indicate the Type of Leave being requested.

- **Annual Leave** – ensure there is sufficient leave available.
- **Sick** – ensure there is sufficient leave available. For sick leave three (3) or more days, must attach a doctor's certification.
- **Leave Without Pay** – select if there is insufficient leave available.
- **Comp-Time Off** – must be pre-approved by agency head.
- **Training** – select the applicable type of training:
 - **Local** (on island training)
 - **Off-Island**
- **Other** – Indicate type of leave and attach applicable authority

Box 2 – Leave Period

FROM

Indicate the Hour, Month, Day and Year the employee's leave begins.

TO

Indicate the Hour, Month, Day and Year the employee's leave ends.

TOTAL HOURS REQUESTED

Indicate the total cumulative hours to be charged.

Box 3 – Application for Prepayment of Vacation Leave

This section for prepayment of advanced leave if sufficient and approved by agency head.

FROM

Indicate the Hour, Month, Day and Year the employee's leave begins.

TO

Indicate the Hour, Month, Day and Year the employee's leave ends.

TOTAL HOURS REQUESTED

Indicate the total cumulative hours to be charged.

Box 4 – Sick Leave Certification

This section is to be completed by the attending Licensed Physician and/or Health Professional ONLY.

FROM

Indicate the Hour, Month, Day and Year the employee's leave begins.

TO

Indicate the Hour, Month, Day and Year the employee's leave ends.

TOTAL NO. OF DAYS

Indicate the total number of days under health care.

Box 5 – Signature areas

Enter the payroll deduction amount.

Line 9 – PAY PERIOD ENDING

Enter the effective date of payroll deduction cancellation.

Authorization for Automatic (Direct) Deposit

FORM ACC-PYD001

Line-By-Line Instructions:

Line 1 – EMPLOYEE'S NAME

Indicate the name of the employee.

Line 2 – SOCIAL SECURITY NO.

Indicate the employee's social security number..

Line 3 – MAILING ADDRESS

Indicate the employee's mailing address.

Line 4 – DEPARTMENT / AGENCY

Indicate the employee's department or agency.

Line 5 – EMPLOYEE'S CONTACT NUMBERS

Indicate the contact numbers of the employee.

Line 6 – DEPARTMENT NO.

Indicate the employee's department and division number.

Line 7 – Type of Submission

- **New Account** – Check if this is the FIRST submission.
- **Change Account** – Check and indicate updates and/or changes to existing authorization.
- **Cancel Account** – Check to cancel an existing authorization.

Line 7 – ACCOUNT NO

Indicate the account number that deduction was remitted to.

Line 8 – AMOUNT

Enter the payroll deduction amount.

Line 9 – PAY PERIOD ENDING

Enter the effective date of payroll deduction cancellation.

Line 10 – PAYABLE TO AGENCY

Indicate Payroll Vendor the deduction was being paid to.

Line 11 – VENDOR NUMBER

Indicate the Payroll Vendor No.